

Section 5 — TOPICAL MODULES

Part A — RECIPIENCY HISTORY

**CHECK
ITEM T1**

Was an interview obtained for . . . in
Wave 1?

8000

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T3

INTERVIEWER INSTRUCTION

Review the "Income Roster" on page 5 to determine if any changes were reported in the reciprocity of ISS Codes 1—10, 20—35, 40, and 41 during the previous reference period. Make any necessary changes in the "Reciprocity History Roster" below.

**CHECK
ITEM T2**

Are any income types or special
indicators listed in the Reciprocity
History Roster below?

8002

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T3

- 1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciprocity that was occurring sometime in the period 5 to 8 months ago.)**

RECIPIENCY HISTORY ROSTER (ISS Codes 1—10, 20—35, 40, 41, 172, 176)									
Line No. (a)	Source (b)	ISS code (c)	Date reciprocity began (d)						
			Month OR DK			Year OR DK			
1		8004 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8006 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8008 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		8010 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8012 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8014 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		8016 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8018 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8020 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		8022 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8024 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8026 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		8028 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8030 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8032 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		8034 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8036 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8038 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		8040 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8042 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8044 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		8046 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	8048 <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	8050 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHECK
ITEM T3**

Is . . . 18 years of age or over?

8052

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T10

**CHECK
ITEM T4**

Is "Food stamps" (code 27) listed in
the Reciprocity History Roster?

8054

- 1 ☐ Yes
2 ☐ No — SKIP to 2b

- 2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?**

8056

- 1 ☐ Yes — SKIP to 2d
2 ☐ No — SKIP to Check Item T5

- b. Has . . . ever applied for the Federal Government's Food Stamp Program?**

8058

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T5

- c. Has . . . ever been authorized to receive food stamps?**

8060

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T5

- d. When did . . . first start receiving food stamps?**

8062

Month x1 ☐ Don't know

8064

Year x1 ☐ Don't know

- e. For how long did . . . receive food stamps that time?**

8066

Years

OR

8068

Months

8070

x1 ☐ Don't know

- f. How many times in all have there been when . . . was authorized to receive food stamps?**

8072

Times

x1 ☐ Don't know

Section 5 — TOPICAL MODULES (Continued)

Part A — RECIPIENCY HISTORY (Continued)

CHECK ITEM T5	Is . . . a designated parent or guardian of children under 18 who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
CHECK ITEM T6	Is "AFDC" (code 20) listed in the Reciprocity History Roster?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3b</i>
3a.	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	8078	1 <input type="checkbox"/> Yes — <i>SKIP to 3d</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
b.	Has . . . ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?	8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
c.	Has . . . ever received AFDC (ADC) benefits?	8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T7</i>
d.	When did . . . first start receiving AFDC (ADC) benefits?	8084	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Year</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div>
e.	For how long did . . . receive AFDC (ADC) that time?	8088	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>x1 <input type="checkbox"/> DK</div> </div>
f.	How many times in all have there been when . . . received AFDC (ADC)?	8094	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>x1 <input type="checkbox"/> DK</div> </div>
CHECK ITEM T7	Is "SSI" (codes 3 or 4) listed in the Reciprocity History Roster?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4b</i>
4a.	Besides this period of time, have there been any other times when . . . received SSI benefits?	8098	1 <input type="checkbox"/> Yes — <i>SKIP to 4d</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
b.	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
c.	Has . . . ever received SSI benefits?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T8</i>
d.	When did . . . first start receiving SSI?	8104	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Month</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Year</div> <div style="margin-left: 20px;">x1 <input type="checkbox"/> Don't know</div> </div>
e.	For how long did . . . receive SSI that time?	8108	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Years</div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Months</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>x1 <input type="checkbox"/> DK</div> </div>
CHECK ITEM T8	Is "Medicaid" (code 173) marked in cc item 47 for Wave 1?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T10</i>
CHECK ITEM T9	Is "SSI" or "AFDC" (codes 3, 4, or 20) marked in cc item 45 for Wave 1?	8116	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T10</i> 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)	
Part A — RECIPIENCY HISTORY (Continued)	
5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?	<div><div>8118</div><div><div></div><div></div></div>Month</div> <div><div>x1</div><div><input type="checkbox"/> Don't know</div></div> <div><div>8120</div><div><div>1</div><div>9</div><div></div><div></div></div>Year</div> <div><div>x1</div><div><input type="checkbox"/> Don't know</div></div> <div><div>8122</div><div>x3 <input type="checkbox"/> Never covered by Medicaid</div></div>
CHECK ITEM T10 Was . . . covered by a health insurance plan? (Is item 27a or 27b, page 10 marked "Yes"?)	<div><div>8124</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No — SKIP to item 7</div></div></div>
6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?	<div><div>8126</div><div><div></div><div></div></div>Months</div> <div>OR</div> <div><div>8128</div><div><div></div><div></div></div>Years</div> <div><div>8130</div><div>x3 <input type="checkbox"/> Have always had insurance</div><div>x1 <input type="checkbox"/> DK</div></div> <div>} SKIP to Check Item T11</div>
7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?	<div><div>8132</div><div><div></div><div></div></div>Month</div> <div><div>x1</div><div><input type="checkbox"/> Don't know</div></div> <div><div>8134</div><div><div>1</div><div>9</div><div></div><div></div></div>Year</div> <div><div>x1</div><div><input type="checkbox"/> Don't know</div></div> <div><div>8136</div><div>x3 <input type="checkbox"/> Has never been covered</div></div>
CHECK ITEM T11 Is . . . the reference person?	<div><div>8138</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No — SKIP to Check Item T14, page 49</div></div></div>
CHECK ITEM T12 Refer to cc item 16a. Is this housing unit public or subsidized?	<div><div>8140</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No — SKIP to Check Item T13</div></div></div>
8. For how long has . . . been living in public or subsidized housing?	<div><div>8142</div><div><div></div><div></div></div>Months</div> <div>OR</div> <div><div>8144</div><div><div></div><div></div></div>Years</div> <div><div>8146</div><div>x3 <input type="checkbox"/> Have always lived in public housing</div><div>x1 <input type="checkbox"/> DK</div></div> <div>} SKIP to Check Item T14, page 49</div>
CHECK ITEM T13 Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20—27, or code 173?	<div><div>8148</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No — SKIP to Check Item T14, page 49</div></div></div>
9. Is . . . on a waiting list for public or subsidized housing?	<div><div>8150</div><div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div></div>
NOTES	

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY

**CHECK
ITEM T14**

Is . . . 18 to 64 years old?

8200

1 ☐ Yes

2 ☐ No — *SKIP to Check Item T21, page 52*

STATEMENT A

Now I would like to ask some questions about some of the jobs . . . has held.

**CHECK
ITEM T15**

Is there an employer or business listed
in cc item 42 or 43?

8202

1 ☐ Yes

2 ☐ No — *SKIP to Check Item T17*

1. ASK OR VERIFY —
**What was the name of . . . 's MAIN employer or
business during the period (8 months ago)
through (5 months ago)?**

(If more than one, enter name of latest employer)

PGM 8

Name of employer or business

8204

**CHECK
ITEM T16**

Refer to cc item 42 or 43.

What is the ID number of this employer
or business?

PGM 7

8206

☐ Employer number

OR

8208

☐ Business number

} *SKIP to 3*

**CHECK
ITEM T17**

Is "Worked" (code 170) marked on
the ISS?

8210

1 ☐ Yes

2 ☐ No — *SKIP to 4a*

2. ASK OR VERIFY —
**What was the name of . . . 's MAIN employer or
business during the past 4 months?**

PGM 8

Name of employer or business

8212

**CHECK
ITEM T18**

Refer to Check Item E3, page 14 or Check
Item S1, page 18.

What is the ID number of this employer
or business?

PGM 7

8214

☐ Employer number

OR

8216

☐ Business number

**3. When did . . . start working for (Read name
of employer or business)?**

8218

Month

x1 ☐ Don't know

8220

Year

x1 ☐ Don't know

} *SKIP
to 5*

**4a. When did . . . last work at a paid job or business
lasting 2 consecutive weeks or more?**

8222

Month

x1 ☐ Don't know

8224

Year

x1 ☐ Don't know

} *SKIP
to
Check
Item
T19*

8226

x3 ☐ Never worked for 2
consecutive weeks or
more

} *ASK 4b*

**b. What is the main reason . . . never worked 2
consecutive weeks or more at a job or
business?**

8228

1 ☐ Taking care of home or family

2 ☐ Ill or disabled

3 ☐ Going to school

4 ☐ Couldn't find work

5 ☐ Didn't want to work

7 ☐ Other

x1 ☐ DK

} *SKIP to
Check
Item T21,
page 52*

**5. Before this job when did . . . last work at a paid job
or business lasting 2 consecutive weeks or more?**

8230

Month

x1 ☐ Don't know

8232

Year

x1 ☐ Don't know

8234

x3 ☐ Never had another job lasting
two weeks or more — *SKIP to
8a, page 51*

**CHECK
ITEM T19**

Is the year in item 4a or item 5 between
1975 and 1986?

8236

1 ☐ Yes

2 ☐ No — *SKIP to 8a, page 51*

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY (Continued)

6a. What was the name of . . . 's employer or business at that time?	PGM 8 8238	Name of employer or business
b. What kind of company, business, or industry was (Name of employer or business)?	PGM 8 8240	
c. Was that business mainly (Read categories) —	PGM 8 8242	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
d. What kind of work was . . . doing on that job?	PGM 8 8244	
e. What were . . . 's main activities or duties?	PGM 8 8246	
f. Did . . . work for an employer on that job or was . . . self-employed?	PGM 7 8248	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
g. When did . . . START working for (Name of employer or business)?	8250 8252	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> <div style="display: flex; justify-content: space-between;"> Month x1 <input type="checkbox"/> Don't know </div> <div style="display: flex; justify-content: space-between;"> 1 9 Year x1 <input type="checkbox"/> Don't know </div> </div> </div>
h. What was the main reason . . . stopped working for (Name of employer or business)?	8254	1 <input type="checkbox"/> Layoff, plant closed 2 <input type="checkbox"/> Discharged 3 <input type="checkbox"/> Job was temporary and ended 4 <input type="checkbox"/> Found a better job 5 <input type="checkbox"/> Retirement/old age 6 <input type="checkbox"/> Did not like working conditions 7 <input type="checkbox"/> Dissatisfied with earnings 8 <input type="checkbox"/> Did not like location 9 <input type="checkbox"/> Going to school 10 <input type="checkbox"/> Became pregnant/had child 11 <input type="checkbox"/> Health reasons 12 <input type="checkbox"/> Other family or personal reasons 13 <input type="checkbox"/> Other — Specify
7a. In what year did . . . first work six straight months or longer at a regular job or business?	8256	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> 1 9 </div> <div style="margin-left: 10px;"> x3 <input type="checkbox"/> Never worked 6 straight months at a job or business — <i>SKIP to Check Item T21, page 52</i> x1 <input type="checkbox"/> DK — <i>SKIP to 8a</i> </div> </div>
b. Since (Year in 7a) has . . . always worked at least six months during the year?	8258	1 <input type="checkbox"/> Yes — <i>SKIP to 8a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK — <i>SKIP to Check Item T20</i>
c. How many years were there when . . . worked at least 6 months?	8260	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> Years </div> <div style="margin-left: 10px;"> x1 <input type="checkbox"/> DK </div> </div>
<div style="background-color: black; color: white; padding: 2px; display: inline-block;">CHECK ITEM T20</div> Is the year in item 7a between 1975 and 1986?	8262	1 <input type="checkbox"/> Yes — <i>SKIP to 8a</i> 2 <input type="checkbox"/> No
7d. Since 1975 how many years have there been when . . . worked at least 6 months during the year?	8264	x5 <input type="checkbox"/> All years OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> Years </div> <div style="margin-left: 10px;"> OR x1 <input type="checkbox"/> DK </div> </div>

Section 5 — TOPICAL MODULES (Continued)	
Part B — EMPLOYMENT HISTORY (Continued)	
8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (Year in 7a or 3), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?	8266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T21
b. About how many times has . . . gone 6 months or longer without working at a job or business?	8268 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
c. When was the last time that . . . went 6 months or longer without working at a job or business?	FROM 8270 1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK TO 8272 1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
d. What was the reason . . . did not work at a job or business during that time?	8274 1 <input type="checkbox"/> Took care of family or home 2 <input type="checkbox"/> Own illness or disability 3 <input type="checkbox"/> Could not find work 4 <input type="checkbox"/> Going to school 5 <input type="checkbox"/> Became pregnant/had child 6 <input type="checkbox"/> Other — Specify <input type="text"/>
NOTES	

Section 5 — TOPICAL MODULES — Continued

Part C — WORK DISABILITY HISTORY

CHECK ITEM T21	Refer to cc item 24. What is . . . 's age?	8300	1 <input type="checkbox"/> 15 years — SKIP to Statement C, page 54 2 <input type="checkbox"/> 16 to 67 years 3 <input type="checkbox"/> 68 years or over — SKIP to Statement C, page 54
STATEMENT B → Now I want to talk about any health or physical condition . . . may have that affected . . . 's ability to work.			
CHECK ITEM T22	Is "Disabled" (code 171) marked on the ISS for . . . ?	8302	1 <input type="checkbox"/> Yes — SKIP to 1a 2 <input type="checkbox"/> No
CHECK ITEM T23	Is "Disabled" (code 171) marked on the control card for . . . ?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1b
1 a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?		8306	1 <input type="checkbox"/> Yes — SKIP to 1c 2 <input type="checkbox"/> No — SKIP to Statement C, page 54
b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?		8308	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Statement C, page 54
c. When did . . . become limited in the kind or amount of work that . . . could do at a job?		8310 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8312 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know OR 8314 x3 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 2a x5 <input type="checkbox"/> Person became limited after retiring — SKIP to Statement C, page 54	
d. Was . . . employed at the time . . . 's work limitation began?		8316	1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No
e. When was the last time . . . worked before . . . 's work limitation began?		8318 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8320 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know OR 8322 x3 <input type="checkbox"/> Had never been employed before work limitation began	
2 a. What health condition is the main reason for . . . 's work limitation?		8324 Code Name of health condition <input type="text"/> <input type="text"/> _____ _____	
b. Was this condition caused by an accident or injury?		8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T24
c. Where did the accident or injury take place — was it (Read categories) — Mark (X) only one.		8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T24	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes — SKIP to Check Item T25 2 <input type="checkbox"/> No
3 a. Does . . . 's health or condition prevent . . . from working at a job or business?		8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a
b. When did . . . become unable to work at a job?		8334 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8336 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know OR 8338 x3 <input type="checkbox"/> Has never been able to work at a job — SKIP to Statement C, page 54	

Section 5 – TOPICAL MODULES (Continued)

Part C – WORK DISABILITY HISTORY (Continued)

CHECK
ITEM T25

Refer to item 8a, page 4.
Did . . . usually work 35 or more hours per
week during the reference period?

- 8340 1 ☐ Yes — SKIP to 4b
2 ☐ No

4a. Is . . . now able to work at a full-time
job or is . . . only able to work part-
time?

- 8342 1 ☐ Full-time
2 ☐ Part-time

b. Is . . . now able to work regularly or
is . . . only able to work occasionally
or irregularly?

- 8344 1 ☐ Regularly
2 ☐ Only occasionally or irregularly

c. Is . . . now able to do the same kind of
work . . . did before . . .’s work limita-
tion began?

- 8346 1 ☐ Yes, able to do same kind of work
2 ☐ No, not able to do same kind of work
3 ☐ Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)	
Part D – EDUCATION AND TRAINING HISTORY	
STATEMENT C → Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.	
CHECK ITEM T26	Refer to cc item 31b. Was . . . 's highest grade attended grade 12 or less? (Codes 00–12 in cc item 31b)
8400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 3a
1. When did . . . last attend elementary or high school?	8402 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8404 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know 8406 1 <input type="checkbox"/> Currently attending — SKIP to Check Item T30, page 56 2 <input type="checkbox"/> Never attended
2. Has . . . received a high school diploma? (Include GED's.)	8408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
3a. When did . . . receive a high school diploma?	8410 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8412 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
b. Was the high school that . . . attended public; private, church-related; or private, not church-related?	8414 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private, church-related 3 <input type="checkbox"/> Private, not church-related 4 <input type="checkbox"/> Did not attend high school x1 <input type="checkbox"/> DK
CHECK ITEM T27	Refer to cc item 31b. Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b.)
8416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
4a. When did . . . first attend college or a university?	8418 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8420 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
b. What is the highest degree beyond a high school diploma that . . . has earned?	8422 1 <input type="checkbox"/> PhD or equivalent 2 <input type="checkbox"/> Professional degree such as Dentistry, Medicine, Law, or Theology 3 <input type="checkbox"/> Master's degree 4 <input type="checkbox"/> Bachelor's degree 5 <input type="checkbox"/> Associate degree 6 <input type="checkbox"/> Vocational certificate or diploma 7 <input type="checkbox"/> Has not earned a degree } SKIP to 4f x1 <input type="checkbox"/> DK
c. When did . . . receive that degree?	8424 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8426 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
(SHOW FLASHCARD EE)	Code Field of study
d. In what field of study did . . . receive that degree?	8428 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> Don't know
CHECK ITEM T28	Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)
8430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T29
4e. When did . . . receive his/her Bachelor's degree?	8432 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8434 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know } SKIP to Check Item T29
(SHOW FLASHCARD EE)	Code Field of study
f. In what field of study were the courses that . . . took at college or university?	8436 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> Don't know
g. When was the last time that . . . was a student at a college or university?	8438 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8440 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know OR 8442 1 <input type="checkbox"/> Is still a student

Section 5 — TOPICAL MODULES (Continued)

Part D — EDUCATION AND TRAINING HISTORY (Continued)

**CHECK
ITEM T29**

Refer to cc item 24.
Is . . . 65 years of age or over?

- 8444** 1 ☐ Yes — *SKIP to Check Item T30*
2 ☐ No

5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?

- 8446** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to Check Item T30*

b. Was any of this training sponsored by any of the following programs (Read categories)?

Mark (X) all that apply.

- 8448** 1 ☐ **Job Training Partnership Act (JTPA)**
8450 2 ☐ **Comprehensive Employment Training Act (CETA)**
8452 3 ☐ **Work Incentive Program (WIN)**
8454 4 ☐ **Trade Adjustment Assistance Act**
8456 5 ☐ **Veterans' Training Programs**
8458 6 ☐ No — *SKIP to 5d*

c. What type of training program is (was) this?

Mark (X) all that apply.

- 8460** 1 ☐ Classroom training—job skills
8462 2 ☐ Classroom training—basic education
8464 3 ☐ On-the-job training
8466 4 ☐ Job search assistance
8468 5 ☐ Work experience
8470 6 ☐ Other
- } *SKIP to 5e*

d. Where did . . . receive this training?

Mark (X) all that apply.

- 8472** 1 ☐ Apprenticeship program
8474 2 ☐ Business, commercial, or vocational school
8476 3 ☐ Junior or community college
8478 4 ☐ Program completed at a 4 year college or graduate school
8480 5 ☐ High school vocational program
8482 6 ☐ Training program at work
8484 7 ☐ Military (exclude basic training)
8486 8 ☐ Correspondence course
8488 9 ☐ Training or experience received on previous job
8490 10 ☐ Sheltered workshop
8492 11 ☐ Vocational rehabilitation centers
8494 12 ☐ Other

e. Does . . . use this training on . . . 's (most recent) job?

- 8496** 1 ☐ Yes
2 ☐ No

f. When did . . . start this (most recent) training?

(If more than one training occurred, ask about the most recent one)

- 8498** Month x1 ☐ Don't know
8500 1 9 Year x1 ☐ Don't know

g. For how many weeks did . . . attend this (most recent) training program?

- 8502** Weeks
8504 x3 ☐ Currently attending
x4 ☐ Less than 1 week
x1 ☐ Don't know

h. Who paid for this (most recent) program?

Mark (X) all that apply.

- 8506** 1 ☐ Self or family
8508 2 ☐ Employer
8510 3 ☐ Federal, State, or local government
8512 4 ☐ Someone else

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — FAMILY BACKGROUND

CHECK ITEM T30

Refer to cc item 24.
What is . . . 's age?

8550

- 1 ☐ 24 or younger } SKIP to Check Item T32
2 ☐ 65 or older
3 ☐ 25 to 64 years old

STATEMENT D

Now I would like to ask some questions about the family . . . grew up in, around the time of . . . 's 16th birthday.

- 1. When . . . was 16 years old, how many brothers and sisters did . . . have? Include stepbrothers and stepsisters, and adopted children.**

(Probe for the number of older and younger siblings)

8552

☐ Older Brothers x1 ☐ Don't know

8554

☐ Younger brothers x1 ☐ Don't know

8556

☐ Older sisters x1 ☐ Don't know

8558

☐ Younger sisters x1 ☐ Don't know

8560

☐ Total x1 ☐ Don't know

- 2a. When . . . was 16 was . . . living with:**

(Interviewer: Read only as many categories to respondent as are necessary to determine who guardians were. Mark only one box.)

8562

- 1 ☐ Both natural parents } SKIP to 3a
2 ☐ Natural mother and stepfather . .
3 ☐ Natural father and stepmother . .
4 ☐ Natural mother only parent present
5 ☐ Natural father only parent present
6 ☐ Other

- b. When . . . was 16, who was . . . living with that was the head of the family?**

8564

- 1 ☐ Father
2 ☐ Grandfather
3 ☐ Some other male
4 ☐ Mother } SKIP to 5a
5 ☐ Grandmother
6 ☐ Some other female . . .
7 ☐ Not applicable — SKIP to Check Item T32

- 3a. When . . . was 16, what was . . . 's (father's/stepfather's or person marked in item 2b) occupation?**

8566

x1 ☐ Did not have a paying job or business — SKIP to 4

PGM 8

Write in occupation

8568

- b. What kind of business or industry was he working for?**

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

8570

- 4. What is the highest grade of school . . . 's (father/stepfather or the person marked in item 2b) ever completed?**

PGM 7

8572

- 1 ☐ Never attended
2 ☐ Elementary 1—8
3 ☐ High school 1—3
4 ☐ High school graduate
5 ☐ College 1—3
6 ☐ College 4
7 ☐ College 5 or more
x1 ☐ DK

CHECK ITEM T31

Refer to item 2a.
Is box 1, 2, or 3 marked in item 2a?

8574

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T32

- 5a. When . . . was 16, what was . . . 's (mother's/stepmother's or person marked in item 2b) occupation?**

8576

x1 ☐ Did not have a paying job or business — SKIP to 6

PGM 8

Write in occupation

8578

- b. What kind of business or industry was she working for?**

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

8580

- 6. What is the highest grade of school . . . 's (mother/stepmother or the person marked in item 2b) ever completed?**

PGM 7

8582

- 1 ☐ Never attended
2 ☐ Elementary 1—8
3 ☐ High school 1—3
4 ☐ High school graduate
5 ☐ College 1—3
6 ☐ College 4
7 ☐ College 5 or more
x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part F — MARITAL HISTORY

CHECK
ITEM T32

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 ☐ Married, spouse present
2 ☐ Married, spouse absent
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married — SKIP to Statement F, page 59

STATEMENT E

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 ☐ 1 — SKIP to Check Item T36
2 ☐ 2
3 ☐ 3
4 ☐ 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 ☐ Don't know

8606

1 9 Year x1 ☐ Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 ☐ Widowhood
2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 ☐ Don't know

8612

1 9 Year x1 ☐ Don't know

CHECK
ITEM T33

Is "Widowhood" marked in item 2b?

8614

- 1 ☐ Yes — SKIP to Check Item T34
2 ☐ No

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 ☐ Don't know

8618

1 9 Year x1 ☐ Don't know

CHECK
ITEM T34

Refer to item 1.

How many times has . . . been married?

8620

- 1 ☐ 2 — SKIP to Check Item T36
2 ☐ 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 ☐ Don't know

8624

1 9 Year x1 ☐ Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 ☐ Widowhood
2 ☐ Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 ☐ Don't know

8630

1 9 Year x1 ☐ Don't know

CHECK
ITEM T35

Is "Widowhood" marked in item 3b?

8632

- 1 ☐ Yes — SKIP to Check Item T36
2 ☐ No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 ☐ Don't know

8636

1 9 Year x1 ☐ Don't know

NOTES

Section 5 — TOPICAL MODULES (Continued)	
Part F — MARITAL HISTORY (Continued)	
<div>CHECK ITEM T36</div> <div>Has a Wave 2 interview been obtained for . . . 's spouse?</div>	<div>8638</div> <div><div><input type="checkbox"/> Yes — SKIP to Statement F, page 59</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> No, no spouse in household</div></div>
<div>4a. In what month and year did . . . get married (most recently)?</div>	<div><div>8640</div><div><div><div></div><div></div></div>Month</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div> <div><div>8642</div><div><div><div>1</div><div>9</div><div></div><div></div></div>Year</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div>
<div>CHECK ITEM T37</div> <div>Refer to Check Item T32.</div> <div>What is . . . 's current marital status?</div>	<div>8644</div> <div><div><div><input type="checkbox"/> Married, spouse present</div><div><input type="checkbox"/> Married, spouse absent</div><div><input type="checkbox"/> Widowed</div><div><input type="checkbox"/> Divorced</div><div><input type="checkbox"/> Separated — SKIP to item 4c</div></div><div><div>} SKIP to Statement F, page 59</div></div></div>
<div>4b. In what month and year was . . . (widowed/divorced)?</div>	<div><div>8646</div><div><div><div></div><div></div></div>Month</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div> <div><div>8648</div><div><div><div>1</div><div>9</div><div></div><div></div></div>Year</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div>
<div>CHECK ITEM T38</div> <div>Is "Widowed" marked in Check Item T37?</div>	<div>8650</div> <div><div><input type="checkbox"/> Yes — SKIP to Statement F, page 59</div><div><input type="checkbox"/> No</div></div>
<div>4c. When did . . . actually stop living with . . . 's (most recent) spouse?</div>	<div><div>8652</div><div><div><div></div><div></div></div>Month</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div> <div><div>8654</div><div><div><div>1</div><div>9</div><div></div><div></div></div>Year</div><div><div>x1</div><div><input type="checkbox"/> Don't know</div></div></div>
GO to Statement F, page 59	
NOTES	

Section 5 — TOPICAL MODULES (Continued)

Part G — MIGRATION HISTORY

STATEMENT F

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

1. When did . . . move into this home/apartment/mobile home?

8700 Month ☐ Don't know
8702 Year ☐ Don't know
 x4 ☐ Always lived here — SKIP to Check Item T40, page 60

2. Before living here, where did . . . live?

(Refer to Flashcard W for State or country code.)

8704 1 ☐ Same state, same county
 2 ☐ Same state, different county
☐ Different State — Specify code
8706 ☐ DK } SKIP to item 6
☐ Different country — Specify code
8708 ☐ DK

3. During what period of time did . . . live there?

FROM
8710 Month ☐ Don't know
8712 Year ☐ Don't know
 TO
8714 Month ☐ Don't know
8716 Year ☐ Don't know

4. Has . . . ever lived in another State or foreign country?

8718 1 ☐ Yes
 2 ☐ No — SKIP to item 7

5. What State or foreign country was that?

(If more than one, ask for most recent.)
 (Enter code from Flashcard W.)

Specify code
8720
 x1 ☐ Don't know

6. During what period of time did . . . live there?

FROM
8722 Month ☐ Don't know
8724 Year ☐ Don't know
 TO
8726 Month ☐ Don't know
8728 Year ☐ Don't know

7. In what State or foreign country was . . . born?

(Enter code from Flashcard W.)

Specify code
8730

CHECK ITEM T39

Does the code in item 7 equal a foreign country code of 62–91 or 99?

8732 1 ☐ Yes
 2 ☐ No — SKIP to Check Item T40, page 60

8. Is . . . a naturalized citizen of the United States?

8734 1 ☐ Yes
 2 ☐ No
 3 ☐ No, born abroad of American parent or parents — SKIP to Check Item T40, page 60

9. When did . . . come to the United States to stay?

8736
 x5 ☐ Before 1901

Section 5 — TOPICAL MODULES (Continued)

Part H — FERTILITY HISTORY

**CHECK
ITEM T40**

Refer to cc items 24 and 28.
What is . . . 's age and sex?

8750

- 1 ☐ Female — Read Statement G and then SKIP to item 2a
2 ☐ Male, 18+ years old
3 ☐ Male, 15–17 years old — SKIP to
Check Item T51, page 62

STATEMENT G

Now I have a few questions about the number of children, if any, that have been born to . . .

1. How many children, IF ANY, is . . . the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

- x3 ☐ None
x1 ☐ Don't Know

SKIP to Check Item T51, page 62

2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

- x3 ☐ None — SKIP to Check Item T51, page 62

**CHECK
ITEM T41**

Is . . . 65 years of age or over?

8756

- 1 ☐ Yes — SKIP to Check Item T51, page 62
2 ☐ No

2b. Are all of . . . 's children currently living in this household?

8758

- 1 ☐ Yes
2 ☐ No — SKIP to item 3a

**CHECK
ITEM T42**

Refer to cc item 24.

Verify the birth date of . . . 's first, second, and last child (if more than one child ever born) and enter the person number of the child(ren).

8760

First child

Month

Year

Person number

8762

Month

Person number

8768

Month

Person number

8770

Month

Person number

8772

Month

Person number

8774

Month

Person number

8776

Month

Person number

8778

Month

Person number

8780

Month

Person number

8782

Month

Person number

8784

Month

Person number

8786

Month

Person number

8788

Month

Person number

8790

Month

Person number

8792

Month

Person number

8794

Month

Person number

8796

Month

Person number

8798

Month

Person number

8800

Month

Person number

8802

Month

Person number

8804

Month

Person number

8806

Month

Person number

8808

Month

Person number

8810

Month

Person number

8812

Month

Person number

8814

Month

Person number

8816

Month

Person number

8818

Month

Person number

8820

Month

Person number

8822

Month

Person number

8824

Month

Person number

8826

Month

Person number

8828

Month

Person number

8830

Month

Person number

8832

Month

Person number

8834

Month

Person number

8836

Month

Person number

8838

Month

Person number

8840

Month

Person number

8842

Month

Person number

8844

Month

Person number

8846

Month

Person number

8848

Month

Person number

8850

Month

Person number

8852

Month

Person number

8854

Month

Person number

8856

Month

Person number

Section 5 — TOPICAL MODULES (Continued)

Part H — FERTILITY HISTORY (Continued)

CHECK
ITEM T47

Refer to item 4a.
Was . . . 's second child born
on or after January 1, 1960?

8796

- 1 ☐ Yes
2 ☐ No — SKIP to item 5a

ASK OR VERIFY —

4b. With whom does the child live now?

8798

- 1 ☐ Resides in this household — Go to Check Item T48

Resides elsewhere

- 2 ☐ In his/her own household

With relatives

- 3 ☐ With own father
4 ☐ With own grandparent(s)
5 ☐ With adoptive parents
6 ☐ With other relatives

With nonrelatives

- 7 ☐ In foster care/foster family
8 ☐ In an institution (hospital)
9 ☐ In school
10 ☐ In correctional facility
11 ☐ Other
12 ☐ Deceased
13 ☐ DK

SKIP to item 5a

CHECK
ITEM T48

Write the person number of
the second child.

8800

Person number of second child

5a. When was . . . 's (first) child born?

8802

Month

x1 ☐ Don't know

8804

1 9

Year

x1 ☐ Don't know

CHECK
ITEM T49

Refer to item 5a.
Was . . . 's (first) child born on or after
January 1, 1960?

8806

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T51, page 62

ASK OR VERIFY —

5b. With whom does the child live now?

8808

- 1 ☐ Resides in this household — Go to Check Item T50

Resides elsewhere

- 2 ☐ In his/her own household

With relatives

- 3 ☐ With own father
4 ☐ With own grandparent(s)
5 ☐ With adoptive parents
6 ☐ With other relatives

With nonrelatives

- 7 ☐ In foster care/foster family
8 ☐ In an institution (hospital)
9 ☐ In school
10 ☐ In correctional facility
11 ☐ Other
12 ☐ Deceased
13 ☐ DK

SKIP to Check Item
T51, page 62

CHECK
ITEM T50

Write the person number of
the (first) child.

8810

Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)						
Part I – HOUSEHOLD RELATIONSHIPS						
CHECK ITEM T51	What is the composition of this household?	9266	1 <input type="checkbox"/> One person HH 2 <input type="checkbox"/> Two person HH consisting of husband and wife 3 <input type="checkbox"/> Two person HH consisting of non-relatives 4 <input type="checkbox"/> Other			} SKIP to Check Item C1, page 67
CHECK ITEM T52	Is this the Reference Person's questionnaire?	9268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 67			
Pretranscribe each person's name and person number into column headings a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.						
AT TIME OF INTERVIEW Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, line out name and person number in Roster space and column. If a person has entered the household since last wave, write in name and person number in the first available (blank) Roster space and column.						
STATEMENT H		Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate. For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard FF.				
ASK OR VERIFY – 1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?	Name	Name	Name	Name	Name	Name
	9272 a.	9274 b.	9276 c.	9278 d.	9280 e.	9282 f.
Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
ROSTER						
9300	Name					
Person No.						
9330	Name	9332				
Person No.						
9360	Name	9362	9364			
Person No.						
9390	Name	9392	9394	9396		
Person No.						
9420	Name	9422	9424	9426	9428	
Person No.						
9450	Name	9452	9454	9456	9458	9460
Person No.						
9480	Name	9482	9484	9486	9488	9490 9492
Person No.						
9510	Name	9512	9514	9516	9518	9520 9522
Person No.						
9540	Name	9542	9544	9546	9548	9550 9552
Person No.						
9570	Name	9572	9574	9576	9578	9580 9582
Person No.						
9600	Name	9602	9604	9606	9608	9610 9612
Person No.						
9630	Name	9632	9634	9636	9638	9640 9642
Person No.						
9660	Name	9662	9664	9666	9668	9670 9672
Person No.						
9690	Name	9692	9694	9696	9698	9700 9702
Person No.						
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Section 5 — TOPICAL MODULES (Continued)

Part I — HOUSEHOLD RELATIONSHIPS (Continued)

NOTES

Name	Name	Name	Name	Name	Name	Name	Name
9284 g.	9286 h.	9288 i.	9290 j.	9292 k.	9294 l.	9296 m.	9298 n.
Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
9524							
9554	9556						
9584	9586	9588					
9614	9616	9618	9620				
9644	9646	9648	9650	9652			
9674	9676	9678	9680	9682	9684		
9704	9706	9708	9710	9712	9714	9716	